


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000009938 1. Entity Name MILTON AVIATION CENTER, INC.					
Principal Place of Business 5600 N. AIRPORT RD. MILTON FL 32583			Mailing Address 5600 N. AIRPORT RD. MILTON FL 32583		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt. #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3629442	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GLASS, DAVIS H 1675 W. KINGSFIELD ROAD CANTONMENT FL 32533				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 35%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> </div>					
<div style="display: flex;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 55%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 </div> </div>					
TITLE P			TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME GLASS, DAVIS			NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS 1675 KINGSFIELD ROAD			STREET ADDRESS U000000305172		
CITY-ST-ZIP PENSACOLA FL 32533			CITY-ST-ZIP 04/14/05-80071-017 150.00		
TITLE Delete <input type="checkbox"/>			TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME Delete <input type="checkbox"/>			NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS Delete <input type="checkbox"/>			STREET ADDRESS Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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STREET ADDRESS Delete <input type="checkbox"/>			STREET ADDRESS Change <input type="checkbox"/> Addition <input type="checkbox"/>		
CITY-ST-ZIP Delete <input type="checkbox"/>			CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ 04-05-05 (850) 023-4151 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



1st MOORE CR2E034 (10/04)